Image# 14961645938 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC) ADDRESS (rumber and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00543835 3. IS THIS NEW OR AMENDED (A) C C C00543835 4. TYPE OF REPORT (C) Monthly Report (C) Due On: Mar 20 (M3) Jul 20 (M6) Sep 20 (M9) Due On: Due On: Mar 20 (M3) Jul 20 (M6) Sep 20 (M9) Due Con: Due On: Mar 20 (M3) Jul 20 (M7) Oct 20 (M10) Jul 20 (M7) Due Con:		or Other Than Ar	1 Authorized	Committe	e		Office Use Only	
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00643835 3. IS THIS REPORT (N) OR AMENDED (A) AMENDED		TYPE OR PRINT ▼			ng, type	12FE4M5		
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00543835 3. IS THIS REPORT (N) OR AMENDED (b) Monthly Report (Choose One) (a) Quarterly Report (C1) Quarterly Report (C1) Quarterly Report (C1) Quarterly Report (C1) Quarterly Report (C2) October 15 Quarterly Report (C3) Vaer-End Report (Non-belection Report (Non-belection Na or Only) (MY) Fermination Report (TER) C Covering Period (65) C Covering Period (75) C C Covering Period (75) C C Covering Period (75) C C C C C C C C C C C C C C C C C C C	AMPHASTAR PHARM	ACEUTICALS II	NC POLITI	CAL ACT	ION COM	MITTEE	(AMPHAST	AR PAC)
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00543835 3. IS THIS REPORT (N) OR AMENDED (b) Monthly Report (Choose One) (a) Quarterly Report (C1) Quarterly Report (C1) Quarterly Report (C1) Quarterly Report (C1) Quarterly Report (C2) October 15 Quarterly Report (C3) Vaer-End Report (Non-belection Report (Non-belection Na or Only) (MY) Fermination Report (TER) C Covering Period (65) C Covering Period (75) C C Covering Period (75) C C Covering Period (75) C C C C C C C C C C C C C C C C C C C								
than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER V C C C00543835 3. IS THIS NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (b) Monthly Report (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (NOn-election New Orly) (MY) Report Due On: April 16 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election New Orly) (MY) Report Due On: Report Due On: April 16 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election New Orly) (MY) Report Due On: Report Due On: April 16 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election New Orly) (MY) Report Due On: Report Due On: April 16 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election New Orly) (MY) Report Due On: Report Due On: April 16 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election New Orly) (MY) Report To the: Convention (12C) Special (30R) Report To the: State of Treasurer Jason Shandell Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jason Shandell Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Signature of Treasurer Jason Shandell Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jason Shandell Report Due On: Convention (12C) Special (12S) Report Type Orlean (12C) Special (30S) Report Type Orlean (12C) Report Type Orlean (12C	ADDRESS (number and street)	11570 6TH STREET						
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00543835 3. IS THIS REPORT ★ (N) OR ★ (A) AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) Jaly 15 (C) Guarterly Report (Q3) PRE-Election Report for the: Convention (12C) Special (12S) Corvening Period 06 01 2014 through 06 30 2014 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jason Shandell NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3X Rev. 122004								
A. TYPE OF REPORT (Choose One) (a) Quarterly Report (C1) April 15 Quarterly Report (O2) Quarterly Report (O2		RANCHO CUCAMO	NGA			CA	91730	
4. TYPE OF REPORT (Choose One) (b) Monthly Report (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Chily) Termination Report (TER) Telection Termination Report (TER) To Termination Report (2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE A	ZIP CO	DDE 🛦
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(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER) Discreption Termination Report (TER) April 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) Date 17 Quarterly Report (Q3) Discreption Report for the: Convention (12C) Special (12S) Convention (12C) Special (12S) Financy (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) Financy (12P) General (12G) Runoff (12R) Special (12S) Financy (12P) Financy (12P) General (12G) Runoff (12R) Special (12S) Financy (12P) Financy (12P) General (12G) Runoff (12R) Special (12S) Financy (12P)		Report	, ,					(Non-Election Year Only) Dec 20 (M12)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Report (Yon-election Year Only) (MY) Termination Report (TER) Covering Period Termination Report Convention (12C) Report (Non-election Report (Non-election Report (Non-election Report for the: Election on Report for the: Election on Report (Non-election Report for the: Election on Report for the: Runoff (12R)	(a) Quarterly Reports:		\		, ,	H		Year Only)
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January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Date M M M / Date General (30G) Runoff (30R) Special (30S) Report for the: Election on Election on State of		,	tile.				_	
Report (Non-election Year Only) (MY) Termination Report (TER) POST-Election Report for the: Election on Election on Special (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Formula in the State of		E)	Election on	M M /	D D /	Y Y Y Y Y		of
Termination Report (TER) Election on Election on Election on In the State of State of Covering Period On the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jason Shandell Electronically Filed Date Type or Print Name of Treasurer Jason Shandell Electronically Filed Date FEC FORM 3X Rev. 12/2004	Report (Non-election	POST-Elec		General (300	à)	Runoff (3	30R)	Special (30S)
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jason Shandell Signature of Treasurer Jason Shandell [Electronically Filed] Date 07 17 2014 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004		Tioport ion		M = M /	D	Y		of
Type or Print Name of Treasurer Jason Shandell [Electronically Filed] Date Office Use Date Jason Shandell [Electronically Filed] Date FEC FORM 3X Rev. 12/2004				through	06			
Signature of Treasurer Jason Shandell [Electronically Filed] Date O7 17 2014 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use FEC FORM 3X Rev. 12/2004	I certify that I have examined this	s Report and to the k	est of my kno	wledge and b	pelief it is true	e, correct and	d complete.	
Signature of Treasurer Jason Shandell [Electronically Filed] Date 07 17 2014	Type or Print Name of Treasurer	Jason Shandell	-					
Office Use FEC FORM 3X Rev. 12/2004	Signature of Treasurer Jason	Shandell		[Electronically	Filed] Da			
Use Use Rev. 12/2004	NOTE: Submission of false, errone	ous, or incomplete info	ormation may su	bject the pers	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
	Use							

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2014		49033.00
(b) Cash on Hand at Beginning of Reporting Period	56059.00	
(c) Total Receipts (from Line 19)	972.00	12508.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57031.00	61541.00
Total Disbursements (from Line 31)	2500.00	7010.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54531.00	54531.00
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
1	didate committee. (see FEC FORM 1M)	

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMPHASTAR PHARMACEUTICALS INC POLITICAL ACTION COMMITTEE (AMPHASTAR PAC)

Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	912.00 60.00 972.00	9978.00 2530.00
Than Political Committees (i) Itemized (use Schedule A)	60.00	
(i) Itemized (use Schedule A)	60.00	
(ii) Unitemized	60.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶ (b) Political Party Committees		2530.00
Lines 11(a)(i) and (ii)	972.00	
(b) Political Party Committees	972.00	
(c) Other Political Committees		12508.00
` '	0.00	0.00
(540)	200	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	972.00	12508.00
Totals to Line 33, page 5)	972.00	12500.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
7.11 20410 110001704	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(siii ssiissaas 119)	7	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Lovin rando (nom odnedale rio)	7	5.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	972.00	12508.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	972.00	12508.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I ollow	Juichdal Teal-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	5.55		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	6500.00		
Independent Expenditures				
(use Schedule E)Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	510.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	510.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
		7		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	7010.00		
	200.00	7010.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2500.00	7010.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	972.00	12508.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	510.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	972.00	11998.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		6 ()F	11	
	(check only one)								
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee CALS INC POLITICAL ACTION CON	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hoi Chi Cheung Mailing Address 11570 6th Street City Rancho Cucamonga FEC ID number of contributing federal political committee. Name of Employer Amphastar Pharmaceuticals, Inc Receipt For: Primary General Other (specify)	State Zip Code CA 91730 C Occupation Assistant Manager Aggregate Year-to-Date ▼ 650.00	Date of Receipt M M / 20 2014 Transaction ID: SA11AI.4358 Amount of Each Receipt this Period 100.00 Bi-weekly payroll deduction - \$50.00
Full Name (Last, First, Middle Initial) Ellen Feng Mailing Address 11570 6th Street City Rancho Cucamonga FEC ID number of contributing federal political committee. Name of Employer Amphastar Pharmaceuticals, Inc Receipt For: Primary General Other (specify)	State Zip Code CA 91730 C Occupation Sr. Director - IT Aggregate Year-to-Date ▼ 390.00	Date of Receipt 06 20 2014 Transaction ID: SA11AI.4359 Amount of Each Receipt this Period 60.00 Bi-weekly payroll deduction - \$30.00
Full Name (Last, First, Middle Initial) Ping He Mailing Address 25 John Road City Canton FEC ID number of contributing federal political committee. Name of Employer Armstrong Pharmaceuticals, Inc Receipt For: Primary Other (specify)	State Zip Code MA 02021 C Occupation Sr. Manager Aggregate Year-to-Date ▼ 260.00	Date of Receipt M M M C 20 2014 Transaction ID: SA11AI.4360 Amount of Each Receipt this Period 40.00 Bi-weekly payroll deduction - \$20.00
SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line numl	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMPHASTAR PHARMACEUT	ICALS INC POLITICAL ACTION COM	MITTEE (AMPHASTAR PAC)
Full Name (Last, First, Middle Initial) Aleksei Koutassevitch Mailing Address 11570 6th Street		Date of Receipt
City	State Zip Code	06 20 2014
Rancho Cucamonga	CA 91730	Transaction ID : SA11AI.4361 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Amphastar Pharmaceuticals, Inc	Occupation Assistant Manager	Bi-weekly payroll deduction - \$25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	-
Full Name (Last, First, Middle Initial) 3. Jun Li		Date of Receipt
Mailing Address 25 John Road		06 20 2014
City Canton	State Zip Code MA 02021	Transaction ID : SA11AI.4363 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Armstrong Pharmaceuticals, Inc	Occupation Sr. Supervisor	Bi-weekly payroll deduction - \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) C. Ronald Lou		Date of Receipt
Mailing Address 1886 Santa Anita Avenue	3	06 20 2014
City South El Monte	State Zip Code CA 91733	Transaction ID : SA11AI.4364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	Bi-weekly payroll deduction - \$40.00
International Medication Sys Receipt For:	Sr. Manager	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional	l)	170.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMPHASTAR PHARMACEUT	ICALS INC POLITICAL ACTION COM	MITTEE (AMPHASTAR PAC)
Full Name (Last, First, Middle Initial) Jin Y. Ma		Date of Receipt
Mailing Address 1886 Santa Anita Avenue		06 27 2014
City	State Zip Code	Transaction ID : SA11AI.4365
South El Monte	CA 91733	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.00
Name of Employer	Occupation	Bi-weekly payroll deduction - \$58.00
International Medication Sys	Director, Mfg. Division	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	754.00	
Full Name (Last, First, Middle Initial) 3. Evelyn Reyes	1	Date of Receipt
Mailing Address 11570 6th Street		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.4366
Rancho Cucamonga	CA 91730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.00
Name of Employer	Occupation	Bi-weekly payroll deduction - \$58.00
Amphastar Pharmaceuticals, Inc	AC Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 754.00	
Full Name (Last, First, Middle Initial) C. Sebastian Shen		Date of Receipt
Mailing Address 25 John Road		06 20 Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4367
Canton	MA 02021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	Bi-weekly Payroll Deduction - \$25.00
Armstrong Pharmaceuticals, Inc	Assistant Manager	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional	NI)	282.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMPHASTAR PHARMACEUTIC	CALS INC POLITICAL ACTION COMP	MITTEE (AMPHASTAR PAC)	
Full Name (Last, First, Middle Initial) A. Richard Sleege		Date of Receipt	
Mailing Address 1886 Santa Anita Avenue	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.4368	
South El Monte	CA 91733	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	40.00	
Name of Employer	Occupation	Bi-weekly Payroll Deduction - \$20.00	
International Medication Sys	Sr. Director		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	260.00		
Full Name (Last, First, Middle Initial) 3. Michael Stanley		Date of Receipt	
Mailing Address 11570 6th Street			
City	State Zip Code	Transaction ID : SA11AI.4369	
Rancho Cucamonga	CA 91730	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	80.00	
Name of Employer	Occupation	Bi-weekly payroll deduction - \$40.00	
Amphastar Pharmaceuticals, Inc	Sr. Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
Full Name (Last, First, Middle Initial) Selina Su		Date of Receipt	
Mailing Address 11570 6th Street	Mailing Address 11570 6th Street		
City Rancho Cucamonga	State Zip Code CA 91730	06 20 2014 Transaction ID : SA11AI.4370	
FEC ID number of contributing federal political committee.	C 91730	Amount of Each Receipt this Period 60.00	
Name of Employer	Occupation	Bi-weekly payroll deduction - \$30.00	
Amphastar Pharmaceuticals, Inc	Director		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General Other (specify) ▼	390.00		
SUBTOTAL of Receipts This Page (optional)	•	180.00	
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	. ′	10 OF	=	11		
	(check only one)									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	ing the name and address of any political committee to	o solicit contributions from such committee.	
AMPHASTAR PHÁRMÁCEU	ITICALS INC POLITICAL ACTION COMI	MITTEE (AMPHASTAR PAC)	
Full Name (Last, First, Middle Initial) Xin Zhou	Xin Zhou		
Mailing Address 25 John Road		06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.4371	
Canton	MA 02021	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	80.00	
Name of Employer	Occupation	Bi-weekly payroll deduction - \$40.00	
International Medication Sys	Sr. Manager		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General	riggiogato icai-to-date ▼		
Other (specify)	520.00		
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt	
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.	C		
Name of Employer	Occupation	1	
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address	Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	5. Lacii Hoodipi IIIIS Pellou	
Name of Employer	Occupation	1	
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General Other (specify) ▼			
SUBTOTAL of Receints This Page (antice	nal)	80.00	
		7 7	
TOTAL This Period (last page this line no	imher only)	912.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 11						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b				
And the second of the second o								
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)) Fr							
AMPHASTAR PHARMACEUTICALS	INC POLITICAL ACTI	ON COMM	IITTEE (AMPHAS	TAR PAC)				
			`	,				
Full Name (Last, First, Middle Initial)			Date of Disbursement	Dishursamant				
A. ANNA ESHOO FOR CONGRESS	M M / D D / Y Y Y Y							
Mailing Address 555 CAPITOL MALL, SUITE 1425			06 26 2014					
011	7'- 0-1-							
City S SACRAMENTO	State Zip Code CA 95814		Transaction ID : SB2	23.4353				
Purpose of Disbursement	55014							
Political Contribution		011	Amount of Each Disbu	rsement this Period				
Candidate Name		Category/		2500.00				
ANNA ESHOO Office Sought:	ant For Cott	Туре		2300.00				
	nent For: 2014 Primary							
	Other (specify)							
State: CA District: 18								
Full Name (Last, First, Middle Initial)								
В.			Date of Disbursement					
Mailing Address			M M / D D /	YYYY				
Mailing Address								
City	State Zip Code							
Purpose of Disbursement								
r dipose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type		7				
Office Sought: House Disbursen								
	Primary General Other (specify)							
State: District:	Cirici (opeony)							
Full Name (Last, First, Middle Initial)								
C.	Date of Disbursement							
A			M M / D D /	Y I Y I Y I Y				
Mailing Address								
City	State Zip Code							
Daniel (Disk	,							
Purpose of Disbursement	Purpose of Disbursement							
Candidate Name	l.	Amount of Each Disburseme		irsement this Period				
		Category/ Type						
Office Sought: House Disbursen								
	Primary General							
State: District:	Other (specify) ▼							
2.s.c.								
SUBTOTAL of Disbursements This Page (optional)				2500.00				
				0500.00				
TOTAL This Period (last page this line number only)				2500.00				